

# CITY OF FRANKFORT COMMUNITY BEAUTIFICATION GRANT

## Cover Page

### Contact information

1. Name of neighborhood association:	For office use:  Date received
2. Name of Group:  Phone:                      E-mail:	3. Grant Administrator:  Phone:                      E-mail:
2a. Mailing address:	3a. Mailing address:

### 4. Budget information:

Total grant funds requested	Resources provided by neighborhood or partners	Total cost (A + B)
<b>A.</b>	<b>B.</b>	<b>C.</b>

### 5. Check list:

\_\_\_\_\_ Cover page and 2-page grant application attached (total of 3 pages)

- \_\_\_\_\_ Grant signed by neighborhood association president and grant administrator (if other than president)
- \_\_\_\_\_ Attachments- approval from City departments, if needed

I certify that our neighborhood association endorses the project outlined in this application.

\_\_\_\_\_  
President Signature                                      Date

I certify as grant administrator that I will submit photos of the project(s) developed with these funds, submit a closeout evaluation report of the outcomes resulting from the use of these funds, and make timely submission of payment requests to the City Manager's Department. I certify that funds will be used in accordance with the purposes outlined in the grant application and will not be used for unapproved equipment purchase, for staff salaries, or for religious or political purposes.

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Grant Administrator Signature

Date

**CITY OF FRANKFORT  
COMMUNITY BEAUTIFICATION GRANT  
APPLICATION**

1. Describe in detail where the project will take place.

2. How many residents do you anticipate involvement with in the project?

3. Describe any volunteers and what tasks they will be doing?

4. List all the City departments and contacts you have made. Attach a copy of approval received if applicable.

- Department    Name
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5. Please, describe your group.

6. Describe the contributions that your group and the neighborhood association are making to this project.

7. Briefly describe your project. **Include dates and times of specific activities, if possible. If income guidelines are required, explain how this will be accomplished.**

8. Amount of grant money requested \$ \_\_\_\_\_

What is the specific use?

Budget item	A. Grant money	B. Other source	Total costs (A + B)
<b>Totals</b> (Column A. cannot exceed \$500.00)			